

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y						
PLEASE FILL IN THE FOLLOWING FOR YOUR EXPENSE REPORT (U.S. \$, only):																														
1	Location/Profit Ctr		3	Eric CHAPOULAUD		If Co. is: SDSL type 1; Kerr Corp. type 2; Ormco type 3; Eile type 4; Belle type 5		1		300-	300-	Sytron Dental Specialties, Inc.																		
2	Your Name		Eric CHAPOULAUD				2		350-	350-	Kerr Corporation																			
3	Department Name		R&D				3		301-	301-	Ormco																			
4	Department #		8010		(enter 4-digit #)		4		301-	303-	Excellence in Endodontics																			
5	Business Purpose		Model Maker II Installation				5		301-	306-	Belle de si clare																			
6	Exp Report begin date		7/21/1997																											
7	Exp Report end date		7/21/1997																											
8	Company automobile?				(yes or no)																									
9	Odometer begin		0																											
10	Odometer end		0		- auto program participants, only																									
11	Business miles		0																											
12	Check Payable to		SAME		(type SAME or name of individual)																									
13	Temporary Cash Advance?				(if yes or Y, enter amount -)		Amount:																							
14	Co. Charge Card Usage?				(if yes or Y, enter amount -)		Amount:		\$0.00																					
15	Prepaid Transportation?				(if yes or Y, enter amount -)		Amount:		\$0.00																					
16																														
17																														
18																														
19																														
20	After filling in all the above information, please complete the expense report as normal.																													
21	All amounts in OTHER column will default to TRAVEL, unless otherwise designated in																													
22	account coding at bottom, right of Expense Report. There are three (3) account number																													
23	codings available. Use any of the (3) and type in the \$ amount to that code. The																													
24	worksheet should automatically recalculate TRAVEL																													
25																														
26	If you have any problems or comments call ext. #1431																													
27																														
28	To set TITLE, position ROW 36 as your top line. Position cursor in CELL B39.																													
29	Using menu: Window Freeze Panes																													
30	To remove: use Window Unfreeze Panes																													
31																														
32																														
33	Eric CHAPOULAUD																													
34																														
35	Depart. Name R&D																													
36	Business Purpose Model Maker II Installation																													
37																														
38	ACCOUNT NO. 71825 71820 71820 71840 71830 71810 71780 71800																													
39	DAY PLACE		MILES		GAS & OIL		EXPENSE (explain)		AIR/RAIL		PARK TAXI		MEALS (SELF)		ROOM		PHONE/ FAX		POSTAGE		ENTER-TAINMENT (explain)		OTHER (explain)		TOTAL		(Auto Expense, Entertainment & Other require full explanation)		REMARKS (Auto Expense, Entertainment & Other require full explanation)	
40	21-40																						30.22		30.22		Computer Extension Cables			
41																							0.00		0.00					
42																							0.00		0.00					
43																							0.00		0.00					
44																							0.00		0.00					
45																							0.00		0.00					
46																							0.00		0.00					
47																							0.00		0.00					
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62																							0.00		0.00					
63																							0.00		0.00					
64																							0.00		0.00					

Ormco

TRAVEL EXPENSE STATEMENT

The company will not issue expense statements for personal tax purposes. An extra copy should be retained for your records.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y
31																								
32																								
33	ERIC CHAPOULAUD																							
34																								
35	Depart Name	R&D			8010																			
36	Business Purpose	Model Maker II Installation																						
65																								
66																								
67																								
68	TOTAL MILES	0	COST/MILE @	\$0.28	\$0.00	TRANSPORTATION PREPAID BY COMPANY-FCO BUSINESS																		
70				0.00																				
71	TOTAL EXPENSES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30.22	\$0.00	301- 301- 8010	71820- 840 000000	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
72																								
73																								
74	MAKE CHECK PAYABLE TO:	ERIC CHAPOULAUD																						
75																								
76																								
77																								
78	SIGNATURE																							
79																								
80																								
81	APPROVAL																							
82																								
83																								
84	AUDITED																							

Ormc

TRAVEL EXPENSE STATEMENT

7/21/1997 THROUGH 7/21/1997

STATEMENT PERIOD

U.S. Dollars

The company will not issue expense statements for personal tax purposes. An extra copy should be retained for _____

PERSONAL MILEAGE ALLOWANCE

0.00

\$0.00

TRANSPORTATION PREPAID BY COMPANY-FCO BUSINESS

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

301- 301- 8010

71820- 840 000000

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